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000277 7590 06/02/2003

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Sharla A. Waller (Depositor's name)
 Sharla A. Waller (Signature)
 June 27, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/807,676	07/12/2001	Bruce J. Barrett	SOM01-P329A	2249

TITLE OF INVENTION: MULTI-CHANNEL NON-INVASIVE TISSUE OXIMETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
WINAKUR, ERIC FRANK	3736	600-323000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Somanetics Corporation

Troy, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature) Michael R. Long, 42 808 (Date) 06/27/2003
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